

# 2016 Barrington Youth Tennis Program

Directed by USPTA instruction



Instructor, **Tony Cunha** is a USPTA P-1 certified tennis pro and PTR member who has instructed players of all ages and levels for more than 20 years. Tony is the Director of **All Court Tennis** ([www.tcunhaallcourttennis.com](http://www.tcunhaallcourttennis.com)) and teaches out of Centre Court Tennis Club during the indoor season. Tony draws on his training in secondary education and certifications from the Van Der Meer Tennis University and Bollettieri High Performance Program to tailor instruction to individuals and their personal goals

Tony Cunha will be conducting tennis programs for ages 4 to 18\* at the **Barrington High School tennis courts** in 6 one week summer sessions. Tony Cunha directs the recreational tennis program for the Town of Barrington.

\*18 year olds must be *entering* 12<sup>th</sup> grade.

**Please bring a water bottle, snacks and appropriate attire.**

## **Six-1 Week Sessions - Skill levels and age levels are split onto different courts**

### **Monday – Thursdays 8:30 AM – 9:30 AM**

➤ **Ages 4– 6 Fee: \$65 resident per session / \$75 non-resident per session**

**Child must be at least 4 years as of January 1, 2016 and a copy of your child's birth certificate required (no exceptions).**

The youngest children learn the best in small groups where a mix of fun games and drills are used to teach basic skills and develop hand-eye coordination. Kids play with red balls that bounce lower and move slower and play on smaller courts with smaller nets. Benefits are immediate and within a short time kids are hitting consistently and excited to keep playing.

### **Monday – Thursdays 8:30 AM - 11:00 AM**

➤ **Ages 7-18 (choose level below) Fee: \$100 resident per session/ \$110 non-resident per session**

➤ **Quick Start: Ages 7-10**

Children in the age group use specialized equipment and orange/green dot balls to work on drills, play point-based games, as well as singles and doubles games. Friendly competition helps kids develop a sense of individual contribution in a group setting.

➤ **Beginner / Intermediate Level: Ages 10-13**

Kids in this group work on a higher level of drill and play while focusing on stroke improvement, proper grip, maintaining consistency and developing footwork. This age group plays with green dot or tournament balls to transition towards more formal play.

### **Monday – Thursdays 11:00 AM - 1:30 PM**

➤ **Advanced / Elite Level: Ages 14 – 18 (18 year olds must be *entering* 12<sup>th</sup> grade)**

This level is suited to active and experienced players at the JV/Varsity level or those transitioning to this stage. Advanced / elite kids work on technical and tactical skills and use physical training to take play to a higher level. This group focuses on footwork, balance and shot selection. Coaches work with kids to develop strategy through point and match play.

➤ **If you are unsure of your child's skill level, please contact Tony Cunha at [acunha@cox.net](mailto:acunha@cox.net).**

Sponsored by: Barrington Recreation Department

Director: Michele Geremia

(401) 247-1900 x 381

Email: [recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)

# Tennis Program Registration Form 2016

## *Ages 4-6 Only*

Mail completed form(s) and waiver with payment to:

**Barrington Town Hall** (Attn: Recreation Department) 283 County Road Barrington, RI 02806.

Or bring to the **Recreation Department** (lower level of Town Hall / cemetery side) by Tuesday before the start of the session.

**PLEASE PRINT CLEARLY.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (as of fall 2016): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Additional Pick Ups:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monday through Friday

**Ages 4 – 6**

8:30 – 9:15 AM

**PLEASE CHECK SESSION(S) BELOW**

\_\_\_\_\_ **Session 1: June 27 - June 30**

\_\_\_\_\_ **Session 2: July 5 - July 8**

\_\_\_\_\_ **Session 3: July 11 - July 14**

\_\_\_\_\_ **Session 4: July 18 - July 21**

\_\_\_\_\_ **Session 5: July 25 – July 28**

\_\_\_\_\_ **Session 6: Aug 1 - Aug 4**

### **Fee & Payment Information:**

\$65 resident / \$75 non-resident ~ per session, per child

(Proof of residence required)

Official Use Only:    Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

- ❖ Make checks payable to "Town of Barrington".
- ❖ Return registration form, waiver form, and payment by Tuesday before start of program.
- ❖ This is a Town of Barrington Program.

Child must be at least **4 years as of January 1, 2016** and a copy of your child's **birth certificate required (no exceptions).**

# Tennis Program Registration Form 2016

## *Ages 7 - 18*

Mail completed form(s) and waiver with payment to:

**Barrington Town Hall** (Attn: Recreation Department) 283 County Road Barrington, RI 02806.

Or bring to the **Recreation Department** (lower level of Town Hall / cemetery side) by Tuesday before the start of the session.

**PLEASE PRINT CLEARLY.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (as of fall 2016): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Additional Pick Ups:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monday through Thursday Ages 7-18 (**18 year olds must be entering 12th grade**)

Quick start and Beginner / Intermediate level program time is 8:30 – 11:00 AM

Advanced level program time is 11:00 am – 1:30 pm

**Please circle your child's level below and check session(s)**

Beginner /

Quick Start Level: Ages 7-10 Intermediate Level: Ages 10-13 Advanced Level: Ages 14-18

**PLEASE CHECK SESSION(S) BELOW**

\_\_\_\_\_ **Session 1: June 27 - June 30**

\_\_\_\_\_ **Session 2: July 5 - July 8**

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Official Use Only: Amount Paid \$\_\_\_\_\_ Check#\_\_\_\_\_ Cash\_\_\_\_\_

- ❖ Make checks payable to "Town of Barrington".
- ❖ Return registration form, waiver form, and payment by Tuesday before start of program.
- ❖ This is a Town of Barrington Program.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

## Camp Waiver Form

1. I, the parents/guardian of the name child (ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child (ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request by the second (2nd) day of the program will receive half the program fee, minus a \$30 processing fee. An emailed or written withdrawal request after two (2) days of the program will receive no refund.

Parent / Guardian: \_\_\_\_\_  
*Signature*

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print*

### EMERGENCY CONTACT INFORMATION:

Name of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

## **BARRINGTON RECREATION SUMMER CAMP**

### **CODE OF CONDUCT**

As we welcome your children into our summer camps, we expect a certain level of behavior that will be enforced and encouraged. The expectation is that campers will behave appropriately with all members of the day camp, and respect the counselors and camp equipment.

Our staff will use a positive approach to discipline and will seek parental support to resolve behavior issues that are disruptive to the camp. Campers who continue to be disruptive after consultation may be dismissed from the program. If you feel it will be beneficial to speak with the Recreation Director, please contact Michele Geremia at 401-247-1900 x381.

We will review the Code of Conduct with your child on the first day of camp so he/she fully understands our expectation. By providing you with a copy, we can work together to create a respectful atmosphere, which will lead to both a positive and enjoyable camping experience for all.

1. Show respect to all campers and staff, and treat them, as you would like to be treated.
2. Come to camp each day prepared to cooperate with your counselor and instructor by taking part in activities that have been selected for that day.
3. Respect the rights of other campers and treat each other with courtesy, consideration and respect.
4. Communicate in an appropriate manner. Inappropriate language, harsh words or gestures are not part of our camp experience.
5. Conduct yourself responsibly by understanding that horseplay, teasing or picking on any individual or bullying will not be tolerated.
6. Behaviors such as hitting, pushing, kicking, fighting or name-calling is unacceptable.
7. Use program equipment, supplies and facilities, appropriately. Return any equipment or material to its proper place after use.
8. Each person is responsible for his/her own behavior and proper behavior leads to a great summer of fun.
9. Each camper is responsible for applying and re-applying sun protection. Your child needs to know this is important to their safety outdoors and is their responsibility.

**I have read the Barrington Recreation Summer Camp Code of Conduct and understand the expectations of my child in camp.**

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Printed)

\_\_\_\_\_  
Child's Name (Printed)

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

We are excited to have your child at our camp this summer!  
Our goal is for your child to have a great experience.

Please help us by answering the following questions:

Tell us about your child's likes/dislikes that may affect his/her camp experience:

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Is your child comfortable participating in group activities? \_\_\_\_\_ YES \_\_\_\_\_ NO

When your child is upset, what is the best way for our camp counselors to handle the situation?

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Tell us about any concerns you may have in regards to your child attending our camp.

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If you checked off Allergies/Medical Conditions/Medications on the registration page, please provide us with detailed additional information that will help our counselors handle different situations that may arise from Allergies/Medical Conditions/Medications accordingly. \_\_\_\_\_

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Would you like to meet with the Leisure Services Director, Michele Geremia, prior to camp to discuss your child's needs? \_\_\_\_\_ YES \_\_\_\_\_ NO